

# ADHERENCE SELF ASSESSMENT

Do you know the names of all of your medicines?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you know what each of your medicines is for?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you know how to take all your medicines?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you think you need all the medicines you are taking?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If you answered "No" to any of the questions above, you might not be getting the most benefit from your medicines.</i>		

Do you ever forget to take your medicine?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
When you feel better do you sometimes stop taking your medicine?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you think your medicine is making you feel worse, do you sometimes stop taking it?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If you answered "Yes" to any of the questions above, you might not be getting the most benefit from your medicines.</i>		